

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

ADDRESS (number and street)

145 KIMEL PARK DRIVE SUITE 120

☐Check if different  
than previously  
reported. (ACC)

WINSTON-SALEM

NC

27103

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00435651

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

02

2010

in the  
State of

NC

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Theodore C. Fyock

Signature of Treasurer

Electronically Filed by Mr. Theodore C. Fyock

Date

11

29

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 11

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period:

From:

M M  
1 0D D  
1 4Y Y Y Y  
2 0 1 0

To:

M M  
1 1D D  
2 2Y Y Y Y  
2 0 1 0

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span>Y Y Y Y<br/>2010</span>   |                         | 66773.05                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 30554.34                |                                   |
| (c) Total Receipts (from Line 19) .....  | 3600.00                 | 36000.00                          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 34154.34                | 102773.05                         |
| 7. Total Disbursements (from Line 31) .....  | 0.00                    | 68618.71                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 34154.34                | 34154.34                          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |



This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 11

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 2 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 3600.00                       | 36000.00                          |
| (ii) Unitemized .....  | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 3600.00                       | 36000.00                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 3600.00                       | 36000.00                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 3600.00                       | 36000.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 3600.00                       | 36000.00                          |

## DETAILED SUMMARY PAGE

of Disbursements

4 / 11

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS  |      | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |      |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |      |                               |                                   |
| (i) Federal Share.....   | 0.00 | 0.00                          |                                   |
| (ii) Non-Federal Share.....  | 0.00 | 0.00                          |                                   |
| (b) Other Federal Operating Expenditures.....  | 0.00 | 618.71                        |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤                        | 0.00 | 618.71                        |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00 | 0.00                          |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00 | 1000.00                       |                                   |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00 | 0.00                          |                                   |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00                          |                                   |
| 26. Loan Repayments Made.....  | 0.00 | 0.00                          |                                   |
| 27. Loans Made.....  | 0.00 | 0.00                          |                                   |
| 28. Refunds of Contributions To:   |      |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00 | 0.00                          |                                   |
| (b) Political Party Committees   | 0.00 | 0.00                          |                                   |
| (c) Other Political Committees (such as PACs) .....  | 0.00 | 0.00                          |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00 | 0.00                          |                                   |
| 29. Other Disbursements.....   | 0.00 | 67000.00                      |                                   |
| 30. Federal Election Activity (2 U.S.C 431(20))  |      |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)  |      |                               |                                   |
| (i) Federal Share .....  | 0.00 | 0.00                          |                                   |
| (ii) "Levin" Share .....   | 0.00 | 0.00                          |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00 | 0.00                          |                                   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00 | 0.00                          |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 0.00 | 68618.71                      |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00 | 68618.71                      |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 3600.00                       | 36000.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 3600.00                       | 36000.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 618.71                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 618.71                            |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Terrence Almengual

Mailing Address 4248 Saddlewood Forest Drive

City

Winston-Salem

State

NC

Zip Code

27106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4513

Amount of Each Receipt this Period

200.00

\$200/Monthly

**B.**

Full Name (Last, First, Middle Initial)

Dr. Vincent Castellano, III

Mailing Address 5452 Brookberry Farm Road

City

Winston-Salem

State

NC

Zip Code

27106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4514

Amount of Each Receipt this Period

200.00

\$200/Monthly

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Colonna

Mailing Address 387 Cedar Trails

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
P.A

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4515

Amount of Each Receipt this Period

200.00

\$200/Monthly

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kumar Dongre

Mailing Address 20425 Staghorn Court

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4516

Amount of Each Receipt this Period

200.00

\$200/Monthly

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paolo Flezzani

Mailing Address 3270 Beroth Road

City

Pfafftown

State

NC

Zip Code

27040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4517

Amount of Each Receipt this Period

200.00

\$200/Monthly

**C.**

Full Name (Last, First, Middle Initial)

Dr. Greg Hardie

Mailing Address 1619 Appian Way

City

Clemmons

State

NC

Zip Code

27012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4518

Amount of Each Receipt this Period

200.00

\$200/Monthly

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. George Hertz

Mailing Address 4232 Lake Cliffe Drive

City State Zip Code  
 Clemmons NC 27012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
PA

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4519

Amount of Each Receipt this Period

200.00

\$200/Monthly

**B.**

Full Name (Last, First, Middle Initial)

Dr. Curtis Johnsrude

Mailing Address 4416 Bent Tree Farm Road

City State Zip Code  
 Winston-Salem NC 27106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
PA

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4520

Amount of Each Receipt this Period

200.00

\$200/Monthly

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Kennedy

Mailing Address 4255 Foxbury Court

City State Zip Code  
 Winston-Salem NC 27104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
PA

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4521

Amount of Each Receipt this Period

200.00

\$200/Monthly

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Frederick Alan Koontz

Mailing Address 4246 Alistair Road

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4522

Amount of Each Receipt this Period

200.00

\$200/Monthly

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph McConville

Mailing Address 3120 Millhaven Lake Drive

City

Winston-Salem

State

NC

Zip Code

27106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4523

Amount of Each Receipt this Period

200.00

\$200/Monthly

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Middleton

Mailing Address 1901 Buena Vista Road

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4524

Amount of Each Receipt this Period

200.00

\$200/Monthly

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Suresh Penkar

Mailing Address 4206 Garden Spring Road

City State Zip Code  
 Clemmons NC 27012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Piedmont Triad Anesthesia,  
PA

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4525

Amount of Each Receipt this Period

200.00

\$200/Monthly

**B.**

Full Name (Last, First, Middle Initial)

Charles Derek Reid

Mailing Address 2145 Cherrywood Drive

City State Zip Code  
 Clemmons NC 27012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Piedmont Triad Anesthesia,  
PA

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4526

Amount of Each Receipt this Period

200.00

\$200/Monthly

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Scannell

Mailing Address 2185 Knight Road

City State Zip Code  
 Kernersville NC 27284

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Piedmont Triad Anesthesia,  
PA

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4527

Amount of Each Receipt this Period

200.00

\$200/Monthly

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Benzion Schkolne

Mailing Address 300 Beechcliff Court

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4528

Amount of Each Receipt this Period

200.00

\$200/Monthly

B.

Full Name (Last, First, Middle Initial)

Dr. Ronald Waterer

Mailing Address 689 Lichfield Drive

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4529

Amount of Each Receipt this Period

200.00

\$200/Monthly

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Winters

Mailing Address 4180 Dimholt Court

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Triad Anesthesia,  
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4530

Amount of Each Receipt this Period

200.00

\$200/Monthly

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

3600.00